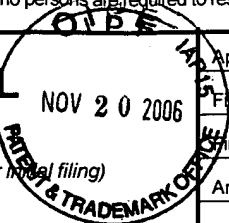


**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 17

NOV 20 2006



Application Number	10/616,267
Filing Date	July 9, 2003
First Named Inventor	Jason R. Sullivan et al.
Art Unit	3731
Examiner Name	Uyen T. Ho
Attorney Docket No.	BSI-350US1

**ENCLOSURES (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC  |
| <input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)         | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                           |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                       |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Petition to Convert to a Provisional Application                            | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address             | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input checked="" type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO-2038 and Return Post Card |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Request for Refund  |   |
|   | <input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD |   |

**Remarks:****SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Firm Name	RatnerPrestra		
Signature			
Printed Name	Joseph E. Maenner		
Date	November 15, 2006	Registration No.	41,964

**CERTIFICATE OF TRANSMISSION / MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or Printed Name	Melissa Clemons	Date	November 15, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Effective on 12/08/04.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 2646)

**FEE TRANSMITTAL  
For FY 2006**

NOV 20 2005

☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	10/616,267
Filing Date	July 9, 2003
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Examiner Name	Uyen T. Ho
Art Unit	3731
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**TOTAL AMOUNT OF PAYMENT** (\$) 130.00**METHOD OF PAYMENT** (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments
**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = \_\_\_\_\_

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**

- 3 or HP = \_\_\_\_\_

Extra Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = \_\_\_\_\_

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

/ 50 = \_\_\_\_\_

(round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

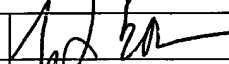
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer**Fees Paid (\$)**

130.00

**SUBMITTED BY****Complete (if applicable)**

Signature		Registration No. Attorney/Agent	41,964	Telephone	610-407-0700
Name (Print/Type)	Joseph E. Maenner	Date	November 15, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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